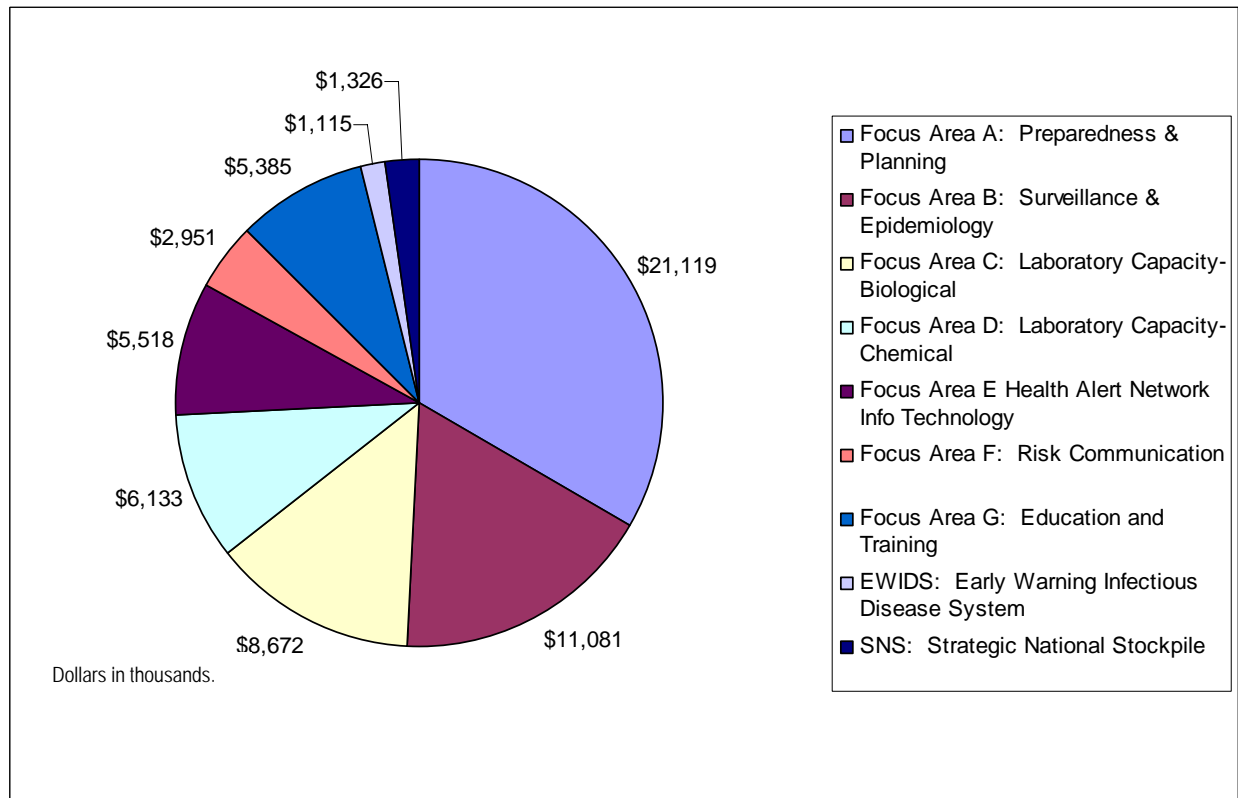


Grant Years 1999-2005
State Operations
Centers for Disease Control and Prevention
Public Health Emergency Preparedness Cooperative Agreement

The Centers for Disease Control and Prevention (CDC) bioterrorism grant is directed to **state and local health departments** to strengthen their capacity to prevent and respond to public health emergencies. Through 2005, CDC categorized public health emergency preparedness activities into seven "focus areas". CDC also allocated funds for Early Warning Infectious Disease Surveillance (EWIDS) on the U.S.-Mexico border.

California has received \$195.2 million in CDC Public Health Emergency Preparedness funds from 1999-2005 of which **CDHS has spent \$63.3 million (32.4%) budgeted in state operations and \$129.9 million as budgeted to local health departments**. CDHS expenditures and obligations were \$63.1 million and \$0.2 million in were unobligated. \$1.9 million in obligated funds were carried forward to 2006-07. CDHS expenditures, obligations, and carry forward are shown in the pie chart below.



Examples of key State accomplishments with these funds include:

Focus Area A: Preparedness Planning & Readiness Assessment

Objective: Develop and exercise a comprehensive public health emergency plan for emergencies caused by bioterrorism, other infectious disease outbreaks, public health threats and other emergencies.

- CDHS updated its CDHS Emergency Response Plans and Procedures to be in compliance with SEMS/NIMS and requirements of the Office of Emergency Services (OES);
- CDHS developed response plans for specific situations including a Pandemic Influenza Response Plan; an activation plan for the Strategic National Stockpile (SNS) to rapidly deploy vaccines, antibiotics, and medical supplies; and a Smallpox Response Plan;
- CDHS developed an Emergency Operation Center (JEOC) for coordination of response activities by CDHS and Emergency Medical Services Authority (EMSA) equipped with audio and visual communications equipment and a backup generator;
- CDHS developed procedures to receive and distribute pharmaceuticals and medical supplies from SNS.

Focus Area B: Surveillance & Epidemiology

Objective: Develop and implement capacity to rapidly detect a bioterrorism event.

- CDHS implemented enhanced avian influenza monitoring, including guidance for physicians on detecting avian influenza;
- CDHS established a California Food Emergency Response Team of staff from CDHS and the U.S. Food and Drug Administration to jointly respond to food contamination incidents and food borne disease outbreaks in California.

Focus Area C: Laboratory Capacity – *Biologic Agents*

Objective: Develop and implement a statewide program to ensure rapid and effective laboratory services in support of the response to bioterrorism, infectious disease outbreaks, public health threats, and other emergencies.

Key Achievements

- CDHS developed a statewide program through LHDs for coordinated, rapid and effective laboratory response to a bioterrorism event or infectious disease outbreak.
- CDHS purchased and installed state of the art laboratory equipment and reagents in the CDHS infectious disease laboratories.

Focus Area D: Laboratory Capacity – *Chemical Agents*

Objective: Deliver effective and rapid analysis of human samples for chemical agents likely to be used in bioterrorism.

- CDHS established and maintains a new CDHS laboratory that meets CDC proficiency standards to test human samples for chemical agents used in terrorist event.

Focus Area E: Health Alert/Communications & Information Technology

Objective: Provide rapid electronic communication alerts among public health, health care, law enforcement, and public officials during a public health emergency.

- CDHS established and operates the California Health Alert Network (CAHAN) statewide with over 7,000 users on a secure web site for emergency alerting and notification.

Focus Area F: Risk Communication and Health Information Dissemination

Objective: Provide public information on effective protective measures that can be applied prior to, during, and following a public health emergency.

- CDHS developed risk communication components for the CDHS Emergency Response Plan, smallpox and SNS;
- CDHS developed a Crisis and Emergency Risk Communication Tool Kit and Workbook for California's 8,000 water utility districts;
- CDHS issues a monthly bioterrorism newsletter to LHDs.

Focus Area G: Education and Training

Objective: Provide education and training to key public health and medical providers on preparedness and response to bioterrorism events.

- CDHS established a Statewide Emergency Preparedness Training Collaborative of key training organizations in California including LHDs, California National Guard, EMSA, universities, California Distance Learning Network, and OES;
- CDHS hosted a statewide satellite broadcast continuing education program on pandemic influenza.

Early Warning Infectious Disease Surveillance

Objective: Enhance surveillance and epidemiologic capabilities for infectious diseases on the U.S. – Mexico border.

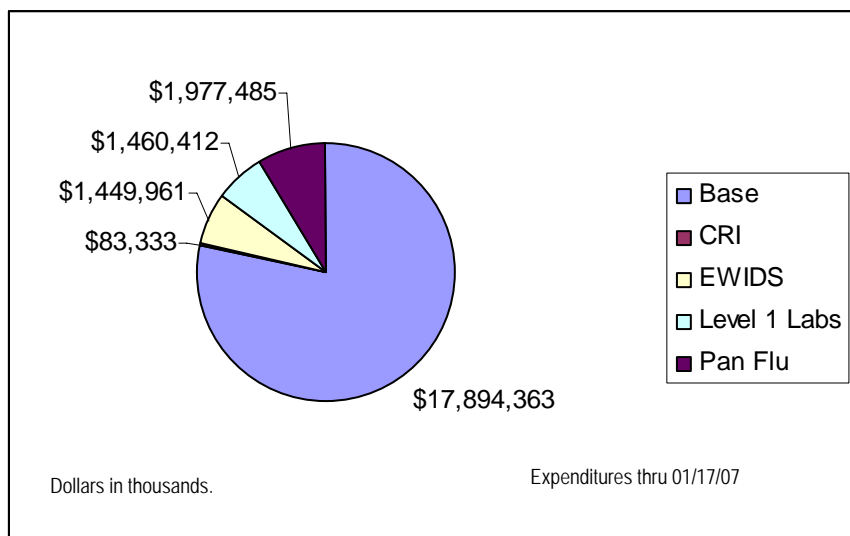
- CDHS established Binational working groups to coordinate infectious disease surveillance and epidemiology between CDHS and the Baja California and Mexican national health departments.

Grant Years 2005-2007
State Operations
Centers for Disease Control and Prevention
Public Health Emergency Preparedness Cooperative Agreement

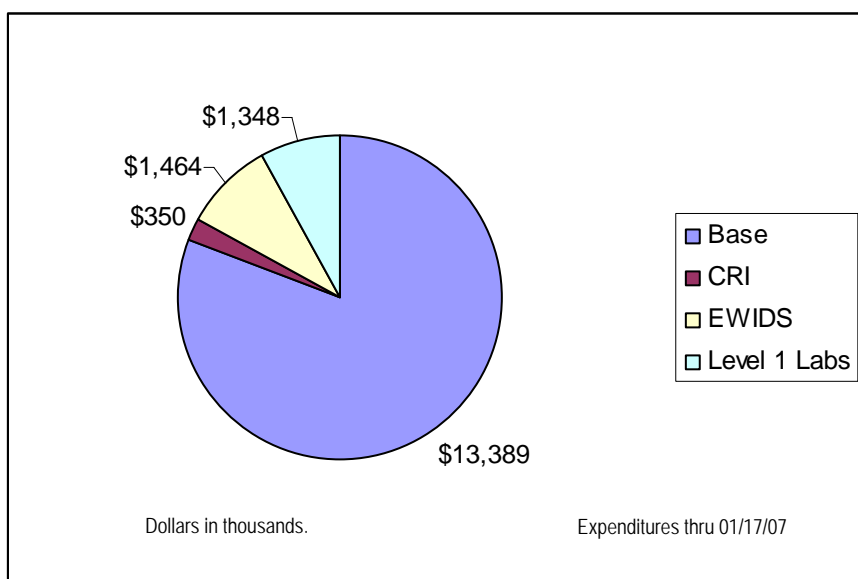
The Centers for Disease Control and Prevention (CDC) bioterrorism grant is directed to **state and local health departments** to strengthen their capacity to prevent and respond to public health emergencies. In 2006, CDC shifted from the seven focus areas to 9 goals under the categories of prevent, detect/report, investigate, control, recover and improve.

CDC also allocated funds for Pandemic Influenza, Chemical Laboratories, Cities Readiness and Early Warning Infectious Disease Surveillance (EWIDS) on the U.S.-Mexico border.

California has received \$69.3 million in CDC bioterrorism funds for 2005-2006 of which State Operations are \$22.8 million (32.9%). CDHS expenditures and obligations are shown in the pie chart below.



California has received \$71.6 million in CDC bioterrorism funds for 2006-2007 of which State Operations are \$16.6 million (23.2%). CDHS expenditures, obligations, and projected costs are shown in the pie chart below. (Pandemic Influenza Phase II funds are included only under local assistance)



Examples of key State accomplishments under the goals include:

Prevent

Goal 1: Prevent (Target Capability: Planning)-Increase the use and development of interventions known to prevent human illness from chemical, biological, radiological agents, and naturally occurring health threats.

Goal 2: Prevent (Target Capability: Planning)-Decrease the time needed to classify health events as terrorism or naturally occurring in partnership with other agencies.

- CDHS delivered public health guidance during emergencies such as 2003 Southern California fires, West Nile Virus, wildfires causing respiratory problems, extreme heat of 2006, and severe cold of 2007 and exercises such as Golden Guardian 2004, 2005 and 2006.
- Developed informational fact sheets on potential public health threats.
- Completed simple language version of fact sheets on smallpox, anthrax, ricin, sarin, plague, botulism, chlorine, tularemia, and isolation and quarantine and translated them into Spanish, Chinese, Tagalog, Vietnamese, Korean, Armenian, Farsi, Russian, Arabic, Cambodian, Hmong and Laotian.
- Training for CDHS and LHD staff and health care facility personnel in public health emergency preparedness, response, and recovery.
- Participation of local health officers in OHS' Operational Area planning groups.
- Exercising response plans at both CHDS and LHD levels.
- Drafted a statewide training plan for emergency preparedness which focuses on building state and local public health and hospital capacity to be able to respond in an emergency.
- Statewide broadcast presentation on Public Health Law with corresponding tabletop exercise, covering the legal authority and obligations of public health officials in California specific to a public health emergency.
- Development of CDHS department and division level Continuity of Government Operations Plans.
- Development of operating procedures for each position in the JEOC positions.
- Training CDHS staff in SEMS, NIMS, and emergency response duties.
- Conducting exercises that test the JEOC.
- Operating the JEOC during events, most recently the extreme heat of 2006 and severe cold of 2007.
- Use and Expansion of the California Health Alert Network (CAHAN). During 2006, CDHS doubled the call capacity of the system, and added 3000 users (for a total of 7000 users) at the State, regional, county and city levels. Additional users included expanded LHD call down lists, other state departments, and the medical community.
- Completed a multi-year project to provide teleconferencing equipment, computer network security software and equipment, radios, satellite phones, and satellite internet systems to local health departments.

Detect/ Report

Goal 3: Detect/Report (Target Capability: Public Health Laboratory Testing)- Decrease the time needed to detect and report chemical, biological, radiological agents in tissue, food or environmental samples that cause threats to the public's health.

- Established a Laboratory Response Network connecting state and public health laboratories, assuring that a reference/confirmatory lab capacity is available for every sentinel lab
- Established state of the art chemistry laboratory to test for terrorist agents and other toxic chemicals in human samples.
- Developed procedures for complex testing of human fluids to measure breakdown products of chemicals.
- Conducted training of LHD microbiologists in new laboratory techniques to identify bioterrorism agents.
- Installed the AHRAL to receive and identify unknown samples before taking them into the laboratory facility, thereby avoiding laboratory contamination.
- Developing a comprehensive laboratory response plan with policies, protocols and procedures to guide statewide emergency laboratory responses, including the need for surge in laboratory capacity.
- Initiated a program to train laboratory workers in public health laboratory functions.

Goal 4: Detect/Report (Target Capability: Health Intelligence Analysis and Production)- Improve the timeliness and accuracy of information regarding threats to the public's health as reported by clinicians and through electronic early event detection, in real time, to those who need to know.

- Participated in several exercises and events involving BioWatch air sensors.
- Worked with federal government on protocols for air quality monitoring at federal sites.
- Expanded the number of BioWatch sensors deployed and began enrollment of hospitals to provide real-time data to BioSense.
- Expanded the number and types of syndromic surveillance activities at the county level.

Investigate

Goal 5: Investigate (Target Capability: Epidemiological Surveillance and Investigation)-Decrease the time to identify causes, risk factors, and appropriate interventions for those affected by threats to the public's health.

- Expanded the number of LHDs with epidemiologists on staff to medium and small counties.
- Trained LHD staff on epidemiologic skills.
- Continue coordination of the Early Warning Infectious Disease Surveillance (EWIDS) program with the Mexican government to monitor and detect infectious diseases at the U.S. – Mexico border. EWIDS has four focus areas: Surveillance and Epidemiology Capacity, Laboratory Capacity, Communications and Information Technology, and Education and Training.

Control

Goal 6: Control (Target Capabilities: Communications, Emergency Public Information and Warning, Responder Health and Safety, Isolation and Quarantine, Mass Prophylaxis, Medical Surge, Mass Care, and Citizen Evacuation and Shelter in Place)-Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public's health.

- Identified warehouses for CDHS to receive and store pharmaceuticals and medical supplies and ship to local dispensing sites during an emergency.
- Established protocols and trained staff to operate warehouses.
- Established protocols to manage storage and distribution of pharmaceuticals.
- Developed a risk communication plan to inform the public on how to receive vaccinations, pharmaceuticals, or medical supplies during an event.
- Conducted mass vaccination clinic exercises in communities to determine effective manner of immunizing large populations.
- Developed plans to locate Chempack containers in communities to be available in response to nerve agent attacks.
- Developed community plans for rapid distribution of pharmaceuticals including identification and equipping POD sites, assuring security for PODs, and staffing POD operations.
- Issued the 2006 California Healthcare Surge Capacity Survey to all hospitals, LHDs, emergency medical services agencies and clinics in California.
- The 2006-07 State budget included \$214 million to address gaps in healthcare surge capacity, including the purchase of the state's share of antivirals (3.7 million courses), 2,400 ventilators, 50 million N95 respirators, three 200-bed mobile field hospitals, and supplies and equipment for 21,000 alternate care site beds. CDHS completed purchases of antivirals, ventilators and N95 respirators and continues purchasing alternate care site supplies and equipment.
- Contracted with PricewaterhouseCoopers to develop standards and guidelines for healthcare delivery during surge events.

Recover

Goal 7: Recover (Target Capability: Environmental Health)-Decrease the time needed to restore health services and environmental safety to pre-event levels.

Goal 8: Recover (Target Capability: Economic and Community Recovery)-Increase the long-term follow-up provided to those affected by threats to the public.

- Participated in the Rough and Ready Exercise in May 2006 and Golden Guardian 2006 and Statewide Disaster Exercise in November 2006. In addition to responding to the scenarios of these exercises through activation of the JEOP, CDHS activated its Strategic National Stockpile (SNS) distribution function. Warehouse operations to receive and distribute the medical supplies and pharmaceuticals to LHDs were exercised and some LHDs exercised dispensing of these supplies to their residents.

- CDHS also undertook and participated in tabletop exercises to test preparedness for responding to a pandemic influenza. In October 2006, the Trust for America's Health conducted a tabletop exercise involving businesses, infrastructure organizations, community and faith-based organizations, and education in addition to CDHS and the Los Angeles County Department of Public Health.
- CDHS has effectively responded to both natural and suspected terrorist public health threats; examples of incidents include suspicious letters, tampering of baby food in Orange County, white powder incidents, SARS, live anthrax at Oakland Children's Hospital Lab, the H2N2 influenza virus sample incident, Fire Storm of 2005, heat related emergencies in 2006 and severe cold of 2007.

Improve

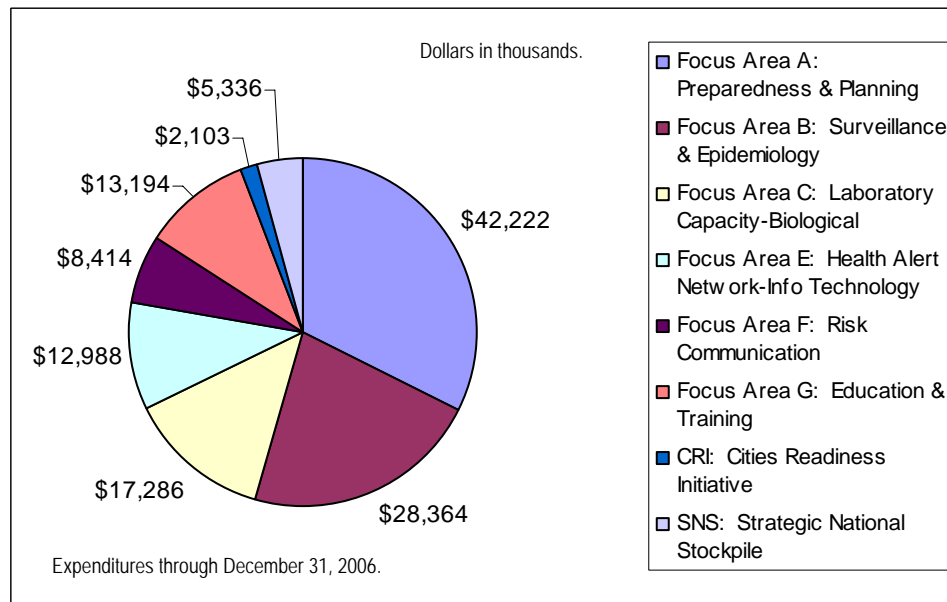
Goal 9: Improve (Target Capability: Planning)-Decrease the time needed to implement recommendations from after-action reports following threats to the public's health.

- Developed after-action report procedures, and completed AARs within 90 days of actual events, drills and exercises. AARs also include corrective action plans and schedule for completion of activities.

**Grant Years 1999-2007
Local Health Departments
Centers for Disease Control and Prevention
Public Health Emergency Preparedness Cooperative Agreement**

The Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness (PHEP) grant is directed to **state and local health departments** to strengthen their capacity to prevent and respond to public health emergencies. From 2005-07 2005, CDC categorized public health emergency preparedness activities into seven "focus areas". CDC also allocated funds for the Cities Readiness Initiative (CRI.)

California has received \$195.2 million in CDC bioterrorism funds from 1999-2006 and has paid **\$129.9 (67%) to local health departments (LHDs.)** LHDs have spent 99.9% of these funds; the expenditures are shown in the pie chart below.



Examples of key LHD accomplishments with these funds include:

Focus Area A: Preparedness Planning & Readiness Assessment

Objective: Develop and exercise a comprehensive public health emergency plan for emergencies caused by bioterrorism, other infectious disease outbreaks, public health threats and other emergencies.

- LHDs trained staff in Standardized Emergency Management System (SEMS) and National Incident Management System (NIMS);
- LHDs established department emergency operations centers with redundant power sources, internet and satellite phones to interface with local, regional and state emergency response operations;
- LHDs developed local emergency preparedness plans, including weapons of mass destruction response protocols, smallpox response plans, and sheltering plans for medically fragile populations;
- LHDs developed procedures for rapid dispensing of SNS vaccines, antibiotics and medical supplies to their residents;
- LHDs are meeting with response partners and developing pandemic influenza plans
- LHDs organized smallpox response teams and administered smallpox vaccine to emergency responders;

- LHDs and county counsels developed the *Health Officer Practice Guide for Communicable Disease* to clarify the legal authority of local health officers to prevent the spread of communicable disease.
- 54 LHDs participated in onsite assessments of their public health emergency preparedness programs conducted by teams of peers using a standardized assessment instrument.

Focus Area B: Surveillance & Epidemiology

Objective: Develop and implement local capacity to rapidly detect a bioterrorism event.

- LHDs expanded their capacity to conduct epidemiologic and surveillance activities;
- LHDs designed and implemented 24/7 surveillance reporting systems for communicable and waterborne diseases;
- LHDs trained staff on communicable diseases and outbreak investigations.

Focus Area C: Laboratory Capacity – Biologic Agents

Objective: Develop and implement a local program to ensure rapid and effective laboratory services in support of the response to bioterrorism, infectious disease outbreaks, public health threats, and other emergencies.

- 15 LHDs established public health reference laboratories to confirm the presence or absence of bioterrorism agents. Upgraded facilities, equipment, and reagents and added staff in the reference laboratories;
- 23 LHDs serve as public health sentinel laboratories to enhance laboratory capacity to identify infectious agents.

Focus Area E: Health Alert/Communications & Information Technology

Objective: Provide rapid electronic communication alerts among public health, health care, law enforcement, and public officials during a public health emergency.

- LHDs trained staff, medical providers and emergency responders in use of the California Health Alert Network (CAHAN) to rapidly detect and alert public health officials of bioterrorism or other public health emergencies;
- LHDs improved redundant communications, including the use of telephone priority emergency service, radios, satellite phones and other communications systems.

Focus Area F: Risk Communication and Health Information Dissemination

Objective: Provide health risk information to the public and key partners on effective protective measures that can be applied prior to, during and following an emergency.

- LHDs developed crisis and emergency communications plans to communicate with the local media and the public during an emergency;
- LHDs identified spokespersons and trained them in emergency risk communication;
- LHDs translated public health messages on potential events into multiple languages.

Focus Area G: Education and Training

Objective: Provide education and training to key public health and medical providers on preparedness and response to bioterrorism events.

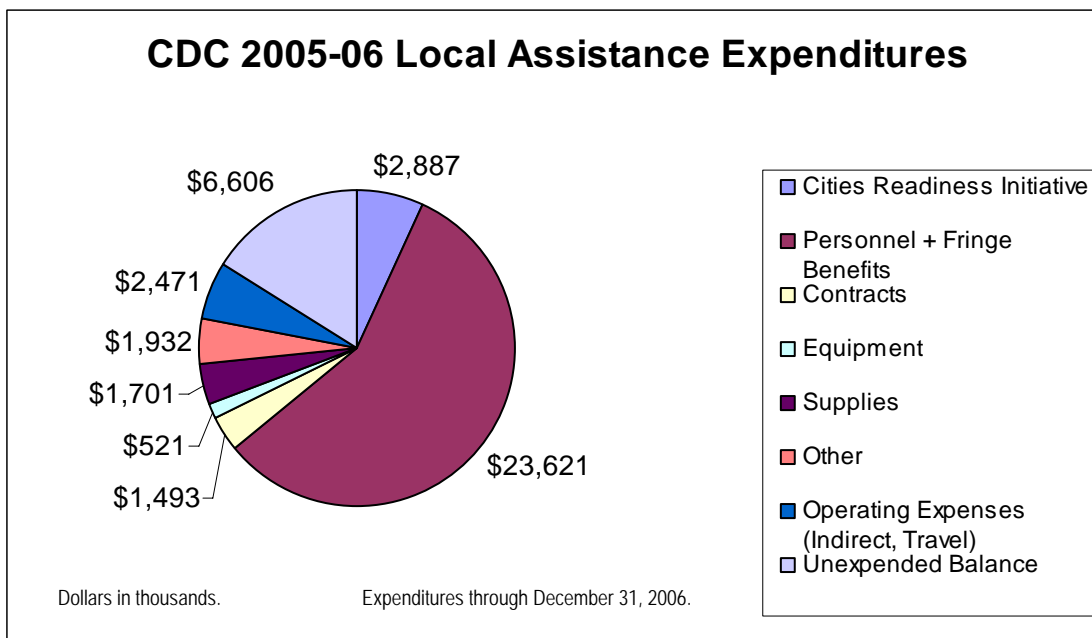
- LHDs developed a video orienting LHD staff on their role as disaster service workers;
- LHDs trained LHD staff on subjects such as emergency response systems, disaster operations, risk communications, shelter operations, isolation and quarantine, radiation exposure, and communicable disease investigation.
- LHDs continue exercising all aspects of public health emergency preparedness.

Cities Readiness Initiative

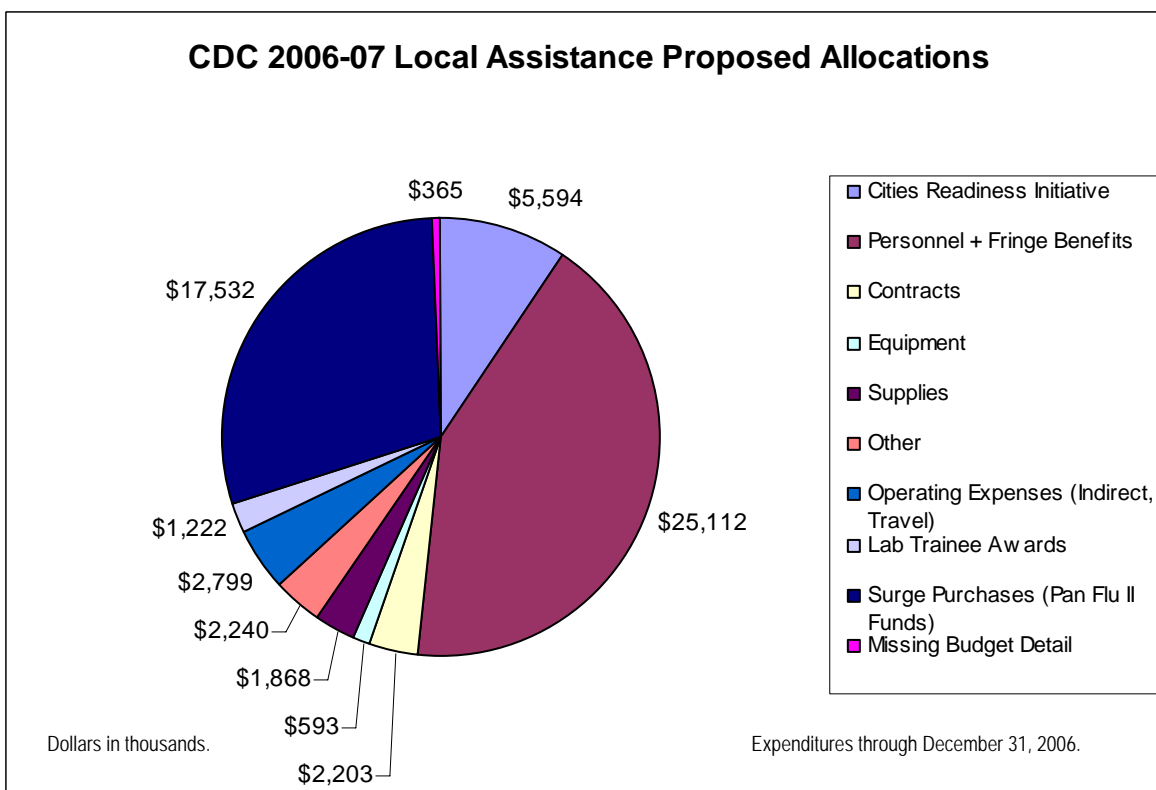
Objective: Increase readiness of selected cities to provide antibiotics to its population within 24-48 hours of an aerosolized anthrax event.

- Seventeen LHDs (Alameda, San Mateo, Marin, Contra Costa, San Benito, Santa Clara, Sacramento, Placer, El Dorado, Yolo, Orange, Fresno, San Bernardino, Riverside, Los Angeles, San Francisco and San Diego) are developing local plans to provide antibiotics to all residents of their largest cities.

In 2005-06, \$41.232 million in PHEP funds were expended by LHDs, as reflected in the pie chart below.



In 2006-07, California allocated \$59.528 million in PHEP funds to local assistance activities. Of this amount, \$40.409 will be distributed to LHDs which includes \$4.5 million in pandemic influenza funding from 2005-06. Pandemic Influenza Phase II funds, \$17.6 million, will be used for surge purchases made by California on behalf of LHDs. Local assistance obligations are reflected in the pie chart below. The category labeled "Missing Budget Detail" reflects missing information from several LHDs.



The following information is a summary of the 2005-06 and 2006-07 LHD obligations.

Personnel

LHDs budgeted a total of 374 positions in 05/06. Corresponding to the 16% decline in CDC base funding, LHDs decreased the number of positions to 308. Personnel and fringe benefits represent approximately 64% of the LHD budgets.

Type of Personnel	# of FTE	
	05/06	06/07
Planning	79	86
Laboratory	52	28
Epidemiology/Surveillance	31	34
Information Technology	20	16
Public Health	90	68
Administrative	102	76
Totals	374	308

Contracts

LHDs reported the following expenditures on contract services:

Type of Contract Activity	Dollars	
	05/06	06/07
Training (i.e., ICS 300 training, Just-in-Time training, PIO, PPE, etc.)	\$95,967	\$229,650
Planning (i.e., all-hazards planning, community planning, vulnerable populations, etc.)	\$180,148	\$247,977
Drills & Exercises (i.e., chemical exposure, pan flu, mass prophylaxis, all-hazards, etc.)	\$216,874	\$323,436
Epidemiology/Surveillance (i.e., epidemiologists, development of protocols, tracking systems, etc.)	\$101,130	\$250,253
Information Technology (web-hosting, volunteer websites, GIS, etc.)	\$344,460	\$526,914
Laboratory (maintenance of lab equipment)	\$203,887	\$49,450
Surge Capacity (assist with surge planning)	\$53,041	\$255,000
Communications (satellite phone service, wireless phone service, redundant communications, etc.)	\$77,217	\$48,086
Facility (equipment maintenance)	\$208,323	\$1,498
Personnel (coordinators, outreach personnel, health officer, advisory committee chair, etc.)	\$388,210	\$270,743
Total	\$1,869,257	\$2,203,007

Equipment

Equipment purchases range from phones and office supplies to trailers and surge supplies such as triage kits, vest, signage, personal protective equipment, etc. Increases in communications and information technology are a result of the need for redundant communications.

Category	Dollars	
	05/06	06/07
Communications	\$71,744	\$122,179
Exercises & Drills	\$14,356	\$49,706
Information Technology	\$113,180	\$224,996
Laboratory	\$226,460	\$21,873
Surge	\$109,713	\$174,243
Total	\$535,453	\$592,997

Supplies

Category	Dollars	
	05/06	06/07
Communications	\$123,944	\$144,720
Exercises & Drills	\$102,378	\$180,982
Information Technology	\$146,283	\$146,568
Laboratory	\$612,327	\$335,017
Office	\$818,761	\$707,749
Surge	\$437,153	\$349,615
Warehouse	\$3,928	\$3,400
Total	\$2,244,773	\$1,868,052

Other

Category	Dollars	
	05/06	06/07
Communications	\$361,537	\$300,143
Supplies	\$121,720	\$119,038
Information Technology	\$554,846	\$289,627
Office	\$528,940	\$812,903
Training	\$301,897	\$308,902
Facilities	\$499,976	\$409,035
Total	\$2,368,924	\$2,239,648

Operating Expenses

Category	Dollars	
	05/06	06/07
Travel	\$664,622	\$581,597
Indirect Costs	\$2,349,166	\$2,217,430
Total	\$3,013,788	\$2,799,027